PART B - FEE(S) TRANSMITTAL

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CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK, NY 10019-6131			9 2006 SP35	Cer	rtificate of Mailing or Tra	
		TO SECOND	- AND	Natust	ra Cordes	(Depositor's name)
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			6/14		100	(Date)
APPLICATION NO.	FILING DATE	FIRS	ST NAMED INVE	ENTOR ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/825,766 04/16/2004 David M. Binder 7226-208 8796 TITLE OF INVENTION: FLEXIBLE SUPPORT FOR GEL WRAPS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/21/2006
EXAMINER		ART UNIT		LASS-SUBCLASS		
GIBSON, KESHIA L		3761		602-048000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
GelZone, Inc. Richmond, VA (US)						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
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	(from status indicated above	•	b. Applicant is t	no longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).
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